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Bib Data Sheet

CONFIRMATION NO. 1672

|   |   |                                    |   |  |                                |
|---|---|------------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/995,649  | <b>FILING DATE</b><br>11/29/2001<br><b>RULE</b>   | <b>CLASS</b><br>345                | <b>GROUP ART UNIT</b><br>2173   | <b>ATTORNEY-<br/>DOCKET NO.</b><br>04770.00029 |                                |
| <b>APPLICANTS</b><br>Jarmo Hiipakka, Espoo, FINLAND;<br><b>** CONTINUING DATA *****</b> NONE<br><i>RB</i><br><b>** FOREIGN APPLICATIONS *****</b> NONE<br><i>RB</i><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 12/14/2001</b>   |   |                                    |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>Signature</i> <i>RB</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>FINLAND | <b>SHEETS DRAWING</b><br>12   | <b>TOTAL CLAIMS</b><br>48                      | <b>INDEPENDENT CLAIMS</b><br>7 |
| <b>ADDRESS</b><br>22907   |   |                                    |   |  |                                |
| <b>TITLE</b><br>Method and apparatus for presenting auditory icons in a mobile terminal   |   |                                    |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>1580  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |

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